Name	01 10	1-11-					
Full	John 6 Von	Muc	aham		CERTIFICA	TE OF DEATH	
0	Died at Shitesn	lle 1	In county	év	MAR	YLAND	
	Date Month of death 1903	Day 23	Age -/ T	Mo	onths	Days	
ED BY	Sex Male	Color or Race	hile-	Birth- place			
ANSWERED REST FRIEN	Occupation		Where Residing if not at place of death				
	Married, Single Name of Wile or Husband						
阿田	Father's Ourilou Brithingham				Father's Birthplace		
0 +	Mother's Maiden Name	wallam	Mother's Birthplace				
	Name of person giving In formation			How relate to decease			
		CAUSE	S OF DEATH				
	Primary Spinial	dese	ase	How long			
IAN	Immediate Heart	lailu	re	How long			
PHYSICIAN R CORONER	Are the name,age,sex,color,date and place correctly given above?	S	ignature of A	rdelis	le Ja	How	
PH			Address		Pitts	ville	
8	Accident or Suicide?					Md	
					LIBRARY BUREA	U A88816	

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Name in Full	Inland-				CERTIFICATI	E OF DEATH	
	Died at Lalisbur	ny	Count		MARYLAND		
>	Date Month of death 190 3	Day	Age Years	Mo	onths	Days	
ED BY	Sex while	Color or Race		Birth- place			
ANSWERED REST FRIEN	Oscupation		Where Residing if not at place of death	ot			
	Married, Single or Widowed	Name of Wife or Husband					
O BE	Father's Chas E. Bennett				Father's Birthplace		
To	Mother's Maiden Name Ida (	ul-	Mother's Birthplace				
	Name of person giving In formation		How related to deceased				
		CAUSE	S OF DEATH				
	Primary Louve	Moro	118	How long	36 h.	rel	
N N N	Immediate			How long			
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mor	ne		
O H O			Address	Sal	lisber	ny	
8	Accident or Suicide?				X	d_	
					LIBRARY BUREAU	~~=>14	

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Name in Full	Sufaul-				CERTIFICATE	OF DEATH	
	Died at Salisbu	ny	In county.		MARYLAND		
× a	Date Month of death 1903	Day	Years Age	Mo	onths	Days	
	Sex	Race Will pi		Birth- place			
	Оссиратіон	Where Residing if not at place of death					
	Married, Single Name of Wife or Husband						
NEA!	Father's Name Chas Davis			Father's Birthplace			
P	Mother's Maiden Name Lee Grancuor			Mother's Birthplace			
	Name of person giving In formation	of person giving mation			How related to deceased		
		CAUSE	S OF DEATH				
	Primary		0 1	How long		- 4	
SICIAN	Immediate Grenna	lure.	berth	How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?	S	ignature of Physician	Dr In	rdd		
Po			Address		alist	uny	
Y	Accident or Suicide?				92	M .	
					LIBRARY BUREAU A	00016	

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Name	000	0 1				
Full	Margaret	Gosle			CERTIFICATE OF DEATH	
	Died at Quanti	ico	She County	ieo.	MARYLAND	
>	Date Month of death 190 3	Day 3	Age Years	Mo	onths Days	
ED BY	Sex Fernale	Color or Race	loved	Birth- place		
ANSWERED REST FRIEN	Occupation	at place of death				
	Married, Single or Widowed Name of Wide or George				l-	
E A H	Father's Name			Father's Birthplace		
O Z	Mother's Maiden Name		Mother's Birthplace			
	Name of person giving In formation			How related to deceased		
		CAUSI	ES OF DEATH			
	Primary Tooklas	it les		How long		
IAN RR	Immediate	y		How long		
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?			- Dashiell		
H O H O			Address	Qu.	rautico	
9	Accident or Suicide?				and _	
. 0					LIBRARY GUREAU ASSS16	

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Name in CERTIFICATE OF DEATH Full Town County Died at MARYLAND Month Months Date of death 190.3 FRIEND Birth-Color or ANSWERED place Оссирации Where Residing if not at place of death Name of We or Married, Smala or Widowed NEAF TO BE Father's Father's Birthplace Name Mother's Mother's Birthplace Maiden Name How related Name of person giving to deceased In formation CAUSES OF DEATH Primary How long ER How long PHYSTCIAN CORON Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIMBARY BUREAU

True Copy De CR. Truets Name in Full CERTIFICATE OF DEATH County MARYLAND Died at Month Months Days Date of death 190,3 Age Birth-Color or Race TO BE ANSWERED REST FRIEN place Where Residing if not at place of death Name of Wile of Married, Single or Widowed NEAF Father's Father's Birthplace Name Mother's Mother's Maiden Name Birthplace Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address OR Accident or Suicide? LIBRARY BU

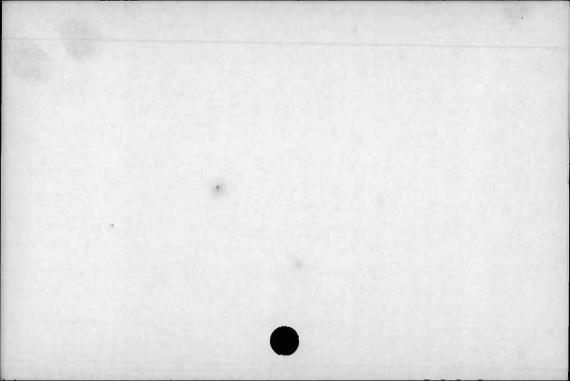
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Name	0 , 8 // 1	11					
Full	Sda O. Hel	C.			CERTIFICATE O	F DEATH	
	Died at Salisber	ry	Cou	nty	MARYLAND		
>	Date Month of death 1903	Day 30	Age /	Mo	onths	Days	
ED BY	sex Female	Color or Race	hile =	Birth- place			
ANSWERED	Occupation		Where Residing if not at place of death				
	Marked, Single Name of Wife or Husband						
NEA	Father's Joseph & Hill				Father's Birthplace		
° '	Mother's Marden Name Ida Robinson				Mother's Birthplace		
	Name of person giving In formation		How related to deceased				
		CAUSE	S OF DEATH				
	Primary Gribbe & G	astro V	Sules- Sus	le e How long			
AN	Immediate Meuric	aitis		How long			
PHYSICIAN R CORONER	Are the name, age, sex, color. date and plece correctly given above?		Signature of S	r Mo	rrio	·	
4 ON			Address		Salisbu	iny	
	Accident or Suicide?				In	d	
0					LIDRARY BUREAU ASS	816	

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Died at Quanties Shearnes Marry Lai  Date of death 1903 3 3 Age 63'  Sex Ferriale Color or white Birth- place  Occupation Where Residing if not at place of death  Married, Single or Widowed Husband Robert Allch  Father's Name  Mother's Married Name  Mother's Married Name  Mother's Birthplace  Mother's Birthplace  Mother's Birthplace	F DEATH		
Date of death 1903 3 30 Age 65'  Sex Ferrale Color or while Birth-place  Occupation at place of death  Married, Single or Widowed Husband Robert Wilch  Father's Name  Mother's Maiden Name  Mother's Maiden Name			
Sex Ferriale Color or White State Place  Oxcupation  Where Residing if not at place of death  Married, Single or Widowed  Married, Single or Widowed  Father's Name  Mother's Maiden Name  Mother's Maiden Name	Days		
Married, Single or Widowed Husband Robert Ailch  Father's Name  Mother's Maiden Name  Mother's Birthplace  Mother's Birthplace			
Father's Father's Birthplace  Mother's Maiden Name Mother's Birthplace			
Father's Name Father's Birthplace  Mother's Maiden Name Mother's Birthplace	Filch		
Maiden Name Birthplace			
Manufactural Manufactural			
Name of person giving How related to deceased	How related to deceased		
CAUSES OF DEATH			
Primary How long			
How long Sorg	200		
How long Sorger  Immediate  Are the name,age,sex,color.date and place correctly given above?  Address  Address	Dashiell		
Address Quanti	ico		
Accident or Suicide?			

True Copy or extructs Name in CERTIFICATE OF DEATH Full County Died at MARYLAND Years Month Months Days Date of death 190 3 Age TO BE ANSWERED BY 0 Birth-Color or REST FRIEN place Оссирания Where Residing if not at place of death Name or Wite or Married, Single Husband or Widowed Father's Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Primary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color date and place correctly given above? Signature of Physician Address 20 Accident or Suicide? LIBRARY NURLA



In Full	Un Mitche	el,			CERTIFICAT	E OF DEATH	
	Died at On gutie	i	The count	rév	MARY	LAND	
>	Date Month of death 1903	Day	Age 6/	Mo	Months Days		
ED BY	Sex Male	Color or w	lile	Birth- place			
ANSWERED REST FRIEN	Occupation	Where Residing If not at place of death					
	Married, Single Name of Wile or Husband						
BE	Father's John			Father's Birthplace			
	Mother's Maiden Name Betsy				Mother's Birthplace		
	Name of person giving In formation			How related to deceased			
		CAUSI	ES OF DEATH				
	Primary Soho	11		How long			
SICIAN	Immediate	1		How long			
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Das	heel	e	
P. B.			Address	Qu	auti	ies	
1	Accident or Suicide?				2	nd.	
					LIBRARY BUREAU	A83616	

True Copy Dr C.R. True

Name	00	1				
Full	Kovin Fal	wer			CERTIFICATE C	F DEATH
	Died at Parelline	lle.	Count	ty	MARYLAND	
	Date Month of death 190 3	20	Age	Mo	nths	Days
ED BY	Sex Female	Color or Race W	hile-	Birth- place	Birth- place	
ANSWERED E	Oscupation		Where Residing if not at place of death			
	Marcied, Single or Widowed					
NEA	Father's Name		Father's Birthplace			
	Mother's Maiden Name		Mother's Birthplace			
	Name of person giving In formation		How related to deceased			
		CAUSE	S OF DEATH			
	Primary Deeb 1	old		How long		
NER	Immediate			How long		
PHYSICIAN R CORONER	Are the name, age, sex, color. date and place correctly given above?		Signature of Physician	Dr Fr	cerry	/
O H O	a		Address	(2	itteri	lle
8	Accident or Suicide?				2	1d
				1	IBRARY BUREAU AS	8910

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Name	d (-D)	6						
in Full	Ora Park	un-			CERTIFICATE OF DEATH			
	Died at Salishin	ny	Ih con	ity	MARYLAND			
>	Date of death 1903 3	Day 97	Age 22		onths Days			
ANSWERED BY	sex Fernale	Color or Co	loved	Birth- place				
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death						
ANS	Married, Single Name or Wife or Husband Husband							
TO BE	Father's Januelo	Father's Birthplace						
To	Mother's Maiden Name Millie	Par	ker	Mother's Birthplace				
	Name of person giving In formation				How related to deceased			
		CAUSE	S OF DEATH	1				
	Primary Gribb			How long				
PHYSICIAN OR CORONER	Immediate Hearh	Saile	cre .	How long				
PHYSICIAN R CORONE	Are the name, age, sex, color, date and place correctly given above?	0	Signature of Physician	Dr Sle	mone			
POR			Address	€ S	alisburn,			
A	Accident or Suicide?				and '			
U		918 - 1 - 1018			BIBBA LAINUM YSAREIL			

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in Full	John B.	Slevino	us		CERTIFICA	TE OF DEATH	
	Died at Alluna	7	Incount	is led	MAF	YLAND	
>	Date Month of death 1903	Day 101	Age 4	Mo	nths	Days	
ED BY	Sex Male	Color or Race	while-	Birth- place			
ANSWERED REST FRIEN	Occupation	Where Residing if not at place of death					
	Married, Single Name of Wife or Husband						
NEA	Father's albert	Slemo	us	Father's Birthplace			
P	Mother's Maiden Name Olisas	leth.	Ker	Mother's Birthplace			
	Name of person giving Information	on giving			How related to deceased		
		CAUSE	S OF DEATH				
	Primary Arterio	Selen	sis	How long	6 u	nos	
RONER	Immediate Las Las	ippe		How long			
PHYSICIAN R CORONEI	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	- Lou	is IR	orne	
E H			Address	Sa	lista	ing.	
19	Accident or Suicide?					Md.	
					LIBRARY SURE	U A88916	

True Copy or CRTmutt

Name in Full	Marth	a To	mut	2		CERTIFICAT	TE OF DEATH
	Town Died at			Coun	ty	MARYLAND	
,	Date of death 1903	Month 3	Day .	Age Years	Мо	nths	Days
ED BY	Sex Ferre	ale R	olor or av	hile	Birth- place	owel	lille
ANSWERED	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed		ame of Wife or usband				
NEA	Father's Name				Father's Birthplace		
o <b>.</b>	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving In formation	E. J.	. Ra	yul	How related to deceased		
				SES OF DEATH	1		
	Primary Wh	oopino	Car	ugh/	How long	4 w	recks
IAN	Immediate				How long		
PHYSICIAN R CORONER	Are the name, age, sex and place correctly gi			Signature of Physician			
T O E				Address			
7	Accident or Suicide?						
-					1	IBRARY SUREAL	A00019

Ame Copy Delokhinik

Name In Full	Silas I. Ton	itt.			CERTIFICATE	OF DEATH	
	Died at Shites	rele	Arco us	ico	MARY		
>	Date Month of death 1903	Day 30	Age Years	Мс	onths	Days	
ED BY	Sex Male	Color or Race	rhilt	Birth- place			
ANSWERED	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed						
E A	Father's Name	Fether's Birthplece					
P	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving In formation				How related to deceased		
		CAUS	ES OF DEATH				
	Primary	age		How long	3 m	02/	
IAN	Immediate			How long			
PHYSICIAN R CORONER	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Radi	eliste.	Farlow	
D. 00			Address	9	thoril	le	
>	Accident or Suicide?		7		X	Ad.	
					LIBRARY BUREAU	A88616	

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Name in Full	Ida Tan	dall			CERTIFICA	TE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Salis bury		Theomies.		MARYLAND			
	Date Month of death 1903	Day 27	Age Years	Ma	Months Days			
	Sex Fernale	Color or An	rhile-	Birth- place				
	Occupations		Where Residing If not at place of death					
	Married, Sagle or Widowed	Name or Wite or Husband	Levin.	Tyn	yn dall			
	Father's Chew	Shile	Ahile Father's Birthplace					
	Mother's Marden Name Katherine Kenny			Mother's Birthplace				
	Name of person giving In formation		/		How related to deceased			
CAUSES OF DEATH								
	Pimary La Gripble	Vace	le I phri	How long				
PHYSICIAN OR CORONER	Immediate Wralu	ia		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Low	uis "	Morris		
			Address	Se	alist	Lury		
	Accident or Suicide?					ma		
LIBRARY MUREAU MOTOTO								

Ince Copy De CRImits

Name in Full	Mary O. Ha	lleau	is.		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Salisbury		County		MARYLAND			
	Date of death 190 8 3	Day	Age Years	Mont	hs Days			
	Sex	Color or Race						
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed	Name of Wite or Husband	James	Millie	ams			
	Father's Name			Father's Birthplace				
	Mother's Maiden Name			Mother's Birthplace				
	Name of person giving In formation			How related to deceased				
CAUSES OF DEATH								
	Primary Gevil 1	reak	down	How long	2 400			
PHYSICIAN OR CORONER	Immediate Hearh	* Laile	in	How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	v Sle	mons			
			Address	Si	alishury			
_ 2	Accident or Suicide?		X		md t			
					RARY BUREAU ASSSTS			

Twe Copy or C.R. Twill,

Name in Bridgel- Shilliams					CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Rock - a - walkenin		Theomies		MARYLAND	
	Date Month of death 190 3	Day 2/	Age 80	Mo	onths	Days
	Sex	Color or Race	Birth- place			
	Occupation	Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wite or Husband	Henry	Hilliams		
	Father's Name			Father's Birthplace		
	Mother's Marden Name			Mother's Birthplace		
	Name of person giving in formation			How related to deceased		
		CAUSE	S OF DEATH			
PHYSICIAN OR CORONER	Primary			How long		
	Immediate			How long	0	
	Are the name,age,sex,color.date Signature of and place correctly given above?			mes M. Jones		
			Address	Qu	eaut	ćo
1	Accident or Suicide?				5	nd.
. 0	LIBRARY BUREAU A83816					A83816

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Name in CERTIFICATE OF DEATH Full nuco Died at MARYLAND Month Day Months Days Date of death 190 3 Age Birth-Color or Race ANSWERED FRIEN place Occupation Where Residing if not at place of death REST Name or Whe or Married, Single Husband or Widowed NEAF TO BE Father' Father's Name Birthplace Mother's Mother's Birthplace Maiden Name Name of person giving How related to deceased In formation CAUSES OF DEATH Pumary How long CORONER How long PHYSICIAN Immediate Are the name, age, sex, color, date Signature of and place correctly given above? Physician Address Accident or Suicide? LIBRARY BURLA

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Name in Full	Infant-				CERTIFICAT	E OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at Salisbury		County		MARYLAND			
	Date Month of death 190 3	28	Age	Mo	onths	Days		
	Sex Lemale	Color or Co	lored	Birth- place				
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed	Name of Wife or Widowed . Husband						
	Father's Shaller	· Shaller Stright -			Father's Birthplace			
	Mother's Marden Name Alesler Hood			Mother's Birthplace				
	Name of person giving In formation			How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary			How long				
	Immediate Born	Lead	1	How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Ahysician	Holl	owar	1 400		
			Address	Sa	lister	ny		
	Accident or Suicide?				D	1d		
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